

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF DARRYL ORRIN BAKER	COURT CASE NUMBER CA-05-0147
DEFENDANT UNITED STATES ATTORNEY	TYPE OF PROCESS CIVIL

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 UNITED STATES ATTORNEY
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 UNITED STATES COURTHOUSE, 601 MARKET STREET PHILADELPHIA 19106

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW DARRYL ORRIN BAKER REG. NO.# 19613-039 FEDERAL PRISON CAMP P.O. BOX 2000 LEWISBURG, PA 17837	Number of process to be served with this Form 285 1	
	Number of parties to be served in this case 7	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or Originator requesting service on behalf of: Darryl Baker	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 9/13/2005
--	---	------------------	-------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No.	No.		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 10/13/05 Time am pm

Service Fee \$0	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$0	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$802
--------------------	---	----------------	----------------------	------------------	--

REMARKS: S/C mailed 9-28-05 9842 8019 7401

10/13/05 RETURNED TO COURT UNEXECUTED - NOT DELIVERABLE AS ADDRESSED/UNABLE TO FORWARD - PER ATTACHED COPY OF ENVELOPE.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00